



CG-QA QUALIFICATION APPLICATION

State Form 45380 (R3 / 07-07)

INDIANA GAMING COMMISSION

For Official Use Only

Date Received _____

Reviewed By _____

Date Reviewed _____

Date Keyed _____

INSTRUCTIONS: Please allow eight (8) weeks for processing. If the application is incomplete, it will be returned and processing will be delayed.

1. Name of Organization (<i>Please type or print</i>)		2. Daytime Telephone Number ()	
3. Federal Identification Number (FID)		4. Email address	
5. Street Address of Principal Office (<i>Required</i>)		6. P.O. Box Number (<i>If applicable</i>)	
City	State	Zip Code	County
Contact Name	Title	Contact's Daytime Telephone Number ()	

7. Check the type of bona fide organization:

<input type="checkbox"/> Religious	<input type="checkbox"/> Educational	<input type="checkbox"/> Civic	<input type="checkbox"/> Hospital/Health/Psychiatric
<input type="checkbox"/> Veterans	<input type="checkbox"/> Senior Citizens	<input type="checkbox"/> Political	<input type="checkbox"/> Business

8. Applicant Organization Information

a. Date organization formed (mm/dd/yyyy): ____/____/____
Attach a copy of the organization's bylaws, conditions, or articles of incorporation.

b. Is your organization exempt from federal income tax under Section 501 of the Internal Revenue Code?
☐ **Yes** If you answered Yes, attach a copy of the favorable tax exempt status letter from the Internal Revenue Service.
☐ **No** If you answered No, your organization is not eligible to conduct Charity Gaming in the State of Indiana.

c. Date incorporated (mm/dd/yyyy) (*If not incorporated, enter N/A*): ____/____/____

d. How many years has the organization been in active, continuous existence? ____
One internal document or external document for the current year and any four previous years **must be attached** for verification.
Examples of internal and external documents:

<u>Internal Documents</u>	<u>External Documents</u>
<input type="checkbox"/> Minutes of meetings	<input type="checkbox"/> Indiana Forms IT-35AR and IT-20NP
<input type="checkbox"/> Dues receipts	<input type="checkbox"/> Federal Form 990 and/or 990T, if applicable
<input type="checkbox"/> Internal audit	<input type="checkbox"/> Bank statements
<input type="checkbox"/> Bylaws that are dated	<input type="checkbox"/> Dated newspaper articles
<input type="checkbox"/> Amended bylaws that are signed and dated	<input type="checkbox"/> Any type of dated state or local licensing permits, such as alcoholic beverage licenses and registration with the Secretary of State's Office
<input type="checkbox"/> Descriptions and results of fund-raising activities for the last five years	<input type="checkbox"/> Account payables, including copies of dated invoices
	<input type="checkbox"/> Account receivables, including copies of dated invoices
	<input type="checkbox"/> Utility bills
	<input type="checkbox"/> Dated leases
	<input type="checkbox"/> Canceled checks (representing each of the five years)
	<input type="checkbox"/> Dated articles of incorporation
	<input type="checkbox"/> Amended articles of incorporation
	<input type="checkbox"/> Affidavits or letters of confirmation from the national or parent organization on organization letterhead

e. Number of active members (*must be a membership organization*): _____

9. Name and Address of Current Officers (*attach additional sheets if necessary*)

Full Legal Name	Home Address (Street, City, State, Zip Code)	Title	Home Telephone Number
			()
			()
			()
			()
			()
			()

10. National or State (Parent) Organization Information

a. Is your organization affiliated with a national or state (parent) organization?

- ☐ Yes If you answered Yes, complete 10b and 10c.
☐ No If you answered No, go to number 11.

b. National or State (Parent) Organization Name

Federal Identification Number (FID)

Street Address of Principal Office (*Do not enter a P.O. Box Number*)

City	State	Zip Code	County	Telephone Number
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c. How many years has the *parent* organization been in active, continuous existence?_____

11. Certification

We certify under penalty of perjury that there are no misrepresentations or falsifications in the information stated. We understand that false or misleading statements will cause rejection of this application or revocation of future license(s).

12.

Signature of Presiding Officer

Print Name

Title

Daytime Telephone Number

Date

Signature of Secretary

Print Name

Daytime Telephone Number

Date

Mail Completed Form To:
Indiana Gaming Commission
Charity Gaming Division
115 W. Washington St., South Tower, Suite 950
Indianapolis, IN 46204
Do Not Send a Payment With This Form